

Foster Family Home - Corrective Action Report

Provider ID: 1-170011

Home Name: Jerry Nacion Jr., CNA

99-104 Puakala Street

Area HI 96701

Review ID: 1-170011-3

Reviewer: David Ayling

Begin Date: 5/7/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 5/7/19. Corrective Action Report issued during home inspection with all items due to CTA by 6/7/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Personnel and Staffing


[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current Blood Borne Pathogen certificate present for CG #3.


Compliance Manager


Primary Care Giver

5/7/19
Date

5/7/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Jerrv G. Nacion Jr.

CCFFH Address: 99-104 Puakala St., Aiea, Hawaii 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b) (8)	I received a current Blood Borne Pathogen Certificate from CG#3. I placed the certificate in my CCFFH binder.	5/7/2019	I have written a list of the expiration dates for CPR, First-aide and Blood Borne Pathogens for all CG's. I placed the list in the front on my CCFFH binder and will review every month.

Primary Caregiver's Signature: _____

Print Name: JERRY NACION JR. Date of Signature: 5/7/2019